



CONNECTICUT LEGAL SERVICES

A PRIVATE NONPROFIT CORPORATION

85 CENTRAL AVE., WATERBURY, CT 06702

TELEPHONE (203) 756-8074 - 1-800-413-7797

FAX (203) 754-0504

E-MAIL WATERBURY@CONNLEGALSERVICES.ORG

KEVIN J. BROPHY
REGIONAL DIRECTOR

MARY A. CONKLIN
MICHELLE FICA
THOMAS M. FORD
DAHLIA GRACE
ROBERT S. HIRST
CHERYL S. KOHLER
RANDI FAITH MEZZY
ESTHER RADA
NIEKA THOMPSON
SANDRA A. TRIONFINI
ATTORNEYS AT LAW

SHARON GASTON
PARALEGAL

YARY CLEMENTE
SUSAN D. KRUSKO
LEGAL ASSISTANTS

ADMINISTRATIVE OFFICE
62 WASHINGTON STREET
MIDDLETOWN, CT 06457
(860) 344-0447

THOMAS D. GOLDBERG
BOARD CHAIR

STEVEN D. EPPLER-EPSTEIN
EXECUTIVE DIRECTOR

LAW OFFICES
211 STATE STREET
BRIDGEPORT, CT 06604

16 MAIN STREET
NEW BRITAIN, CT 06051

153 WILLIAMS STREET
NEW LONDON, CT 06320

20 SUMMER STREET
STAMFORD, CT 06901

85 CENTRAL AVENUE
WATERBURY, CT 06702

872 MAIN STREET
WILLIAMANTIC, CT 06226

SATELLITE OFFICES

5 COLONY STREET
MERIDEN, CT 06451

62 WASHINGTON STREET
MIDDLETOWN, CT 06457

98 SOUTH MAIN STREET
SOUTH NORWALK, CT 06854

564 PROSPECT STREET
TORRINGTON, CT 06790

March 11, 2010

Testimony before the Human Services Committee March 11, 2010 Support for HB 5296 with Substitute Language

Members of the Human Services Committee:

I am Randi Faith Mezzy, an attorney with Connecticut Legal Services, one of four legal aid organizations working to enforce and protect the rights of Connecticut's poor people.

I was appointed by Senator Looney to be a member of the state's Medical Inefficiency Committee established in last year's special session of the legislature as P.A. 09-03 section 81 (b) and PA 09-07 section 107 (b) to "advise the Department of Social Services on the amended definition of "medically necessity" utilized in the administration of the State Medicaid program. The statute also required the committee to provide feedback to the General Assembly on the impact of the amended definition.

The Committee is comprised of physicians, attorneys, a pharmacist and advocates. We have taken our charge very seriously: to reduce inefficiency in the Medicaid program while preserving the quality of care for Medicaid recipients.

After public input, research of other states' definitions, committee discussion and extensive dialogue with Department of Social Services staff and counsel, we have crafted a definition of Medical Necessity that we believe fulfills our charge.

Thank you for raising HB 5296 on our behalf. We have further honed the language and, with our suggested modifications, strongly support the passage of this bill.

As an attorney who has represented poor people battling with managed care organizations over the 15 years we have had Medicaid Managed Care in Connecticut, it was of grave concern to me that any possible benefit realized by changing the definition of Medical Necessity would be solely as a result of increased denials of necessary care to my clients.



A

However, as I spent time on the committee, listening to DSS presentations, I learned more about the proliferation of unnecessary treatment than I had known previously.

The goal then became to find language that would continue to allow my clients to receive appropriate medical care while eliminating wasteful practices or those that may be influenced by outside forces. For example, we learned that drug companies bombard doctors with samples of medications and that that may drive a doctor's choice when treating a patient. After all, who wouldn't approve of giving free samples to poor people? But the result of that generosity can be the patient's allegiance to a medication that is not necessarily better than a less expensive medication for that patient.

Adding to that the endless TV commercials promising cures for all sorts of diseases with this or that new drug, we began to understand DSS's need for a preferred drug list (PDL). The PDL process can help to prioritize Medicaid expenditures without jeopardizing health, as there is always the opportunity for a medical provider to prove to DSS or its contractors that the PDL drug does not work *in a particular patient's case*.

This need for individualized determinations of Medical Necessity is a cornerstone of Medicaid law and policy. We have emphasized this in the definition we offer in order to protect Medicaid clients from a one-treatment-fits-all approach.

The problem of inefficiency in the healthcare field is enormous, and redefining "Medical Necessity" is not going to change that overnight. However, we expect that our proposed language will enable DSS to monitor more closely my clients' medical needs and recommended treatments in order to spend limited Medicaid dollars wisely for the benefit of all Medicaid recipients.

It has been a privilege to be on this very dedicated, active and robust committee. I hope this committee and the full legislature will adopt our recommended language.

Thank you for this opportunity to be heard